

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Our Principles PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00603621 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee DDC Advocacy | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>04 / 08 / 2016</div> </div> | |
| Mailing Address 805 15th Street, N.W. Suite 300 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26285.00</div> | |
| City Washington | State DC | Zip Code 20005 | Transaction ID : SE.5403 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div></div> </div> |
| Purpose of Expenditure Direct voter contact | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | |
| Name of Federal Candidate Donald J. Trump | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ |

| | | | |
|---|-------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div></div> </div> | |
| Mailing Address | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div></div> </div> |
| Purpose of Expenditure | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; text-align: right;">26285.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; text-align: right;">26285.00</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin
[Electronically Filed]

Date

MM / DD / YYYY

04 / 09 / 2016

Signature